

DAC  
Bew

**UNITED STATES PATENT AND TRADEMARK OFFICE**



Examiner: Kuang Y Lin

Group:

Art Unit.: 1725

In re:

Applicant(s): KERN, B.

Serial No.: 09/862,803

Filed: May 22, 2001

**PETITION TO REVIVE**

May 15, 2006

Honorable Commissioner of  
Patents and Trademarks  
Washington, D.C. 20231

Applicant herewith petitions to revive the subject Application.

Applicant herewith states that the abandonment of the subject Application was unintentional.

Applicant further states that the entire delay from the due date for reply to the date of filing of a grantable petition was unintentional.

06/20/2006 CKHLOK 00000005 194675 09862803

01 FC:2553 1900.00 DA

Adjustment date: 08/25/2006 CKHLOK  
06/20/2006 CKHLOK 00000005 194675 09862803  
01 FC:2553 1900.00 CR

MAIL STOP DAC

03/25/2006 CKHLOK 00000012 194675 09862803

01 FC:2453 750.00 DA

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
On 5/16/06

**It is requested that the small entity fee be debited to the account of the  
undersigned, 19-4675.**

**Respectfully submitted,**



Michael J. Striker  
Attorney for Applicant  
Reg. No.: 27233  
103 East Neck Road  
Huntington, New York 11743

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>08/18/06</u>		2 Serial/Patent # <u>09/862803</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
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<input type="checkbox"/> Petition			\$
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<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
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<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,900.00
		8 TO BE REFUNDED BY:	
		Treasury Check	
<input type="checkbox"/> Overpayment		X	Credit Deposit A/C #:
<input type="checkbox"/> Duplicate Payment		,	1 9 -- 4 6 7 5
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TYPED/PRINTED NAME: <u>ALESIA M. BROWN</u>		TITLE: <u>ATTY</u>	
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APPROVED: <u>[Signature]</u>		DATE: <u>8/25/06</u>	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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